STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G652	A. BUILDING 01 B. WING	10/19/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEVELOPMENTAL SERVICES INC	901 JOSEPH ST GREENSBURG, IN47240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 10/19/11 Facility Number: 001190 Provider Number: 15G652 AIM Number: 100233930 Surveyor: Mark Bugni, Life Safety Code Specialist At this Life Safety Code survey, Developmental Services Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies. This one story facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, client sleeping rooms and common living areas. The facility has a capacity of 6 and had a census of 5 at the time of this survey.	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.8. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/25/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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KS053	Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3. Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system. Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms. Based on observation and interview, the facility failed to ensure 1 of 12 smoke detectors was not located where airflow could prevent the operation of the detector. LSC 9.6.2.10.1 refers to NFPA 72. NFPA 72, 2-3.5.1 requires in spaces served by air	KS053	This smoke detector will be relocated to meet regulations. Agency fire and security contractor will be asked to check for other areas of non compliance and will make corrections as needed.	11/18/2011

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	handling systems, detectors shall not be located where airflow prevents operation of the detectors. This deficient practice affects all clients in the facility. Findings include: Based on observation on 10/19/11 at 10:45 a.m. with administrative assistant # 1, the smoke detector in the client sleeping room corridor near the smoke barrier door was mounted one foot from a return air supply duct. This was verified by administrative assistant # 1 at the time of observation.		Responsible for QA: SGL Manager	

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KS147	The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1 Based on record review and interview, the facility administration failed to periodically instruct and keep employees informed with respect to their duties and responsibilities under the written emergency plan not less than every 2 months to protect 5 of 5 clients. This deficient practice would affect all clients in the facility. Findings include: Based on record review of the Developmental Services Inc. Emergency Action Plan on 10/19/11 at 9:50 a.m. with administrative assistant # 1, the Developmental Services Inc. Emergency Action Plan lacked documentation	KS147	SGL Manager will retrain QIDP's on requirements for periodic instruction for employees on the emergency action plans. QIDP's will review this information at least every other month at house meetings. Responsible for QA: SGL Manager, QIDP	11/18/2011

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	indicating employees were periodically instructed and kept informed with respect to their duties and responsibilities under the plan every two months from September 2010 to present. Based on an interview with administrative assistant # 1 on 10/19/11 at 10:00 a.m., there was no other documentation to indicate employees were periodically instructed and kept informed with respect to their duties and responsibilities under the Developmental Services Inc. Emergency Action Plan after September 2010.			

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KS152	(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. (2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code. (3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. Based on record review and interview, the facility failed to conduct fire drills at least quarterly on 2 of 3 shifts during the past year. This deficient practice affects all clients in the facility. Findings include: Based on a review of the Fire Drill Book with administrative assistant # 1 on 10/19/11 at 9:00 a.m., there was no evidence of a first shift and third shift	KS152	QIDP will retrain staff on requirements for regular evacuation drills. A schedule will be posted in the home to ensure drills are performed as required for each shift. QIDP will review this monthly at house meetings to ensure compliance. Responsible for QA: QIDP	11/18/2011

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	drill for the fourth quarter of the year 2010, or a first shift and third shift drill for the first quarter of the year 2011. Based on an interview with administrative assistant # 1 on 10/19/11 at 9:40 a.m., there was no other evidence available for review to indicate the missed fire drills were conducted.			